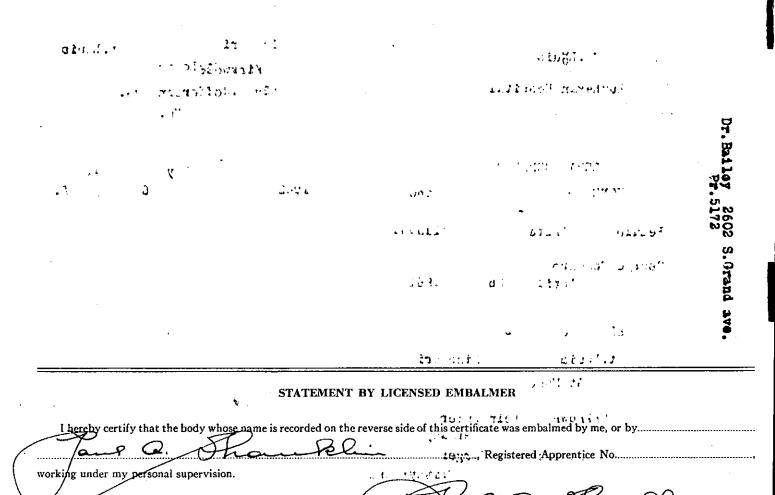
		16624
V. S. No. 2 50M5-42	BURALU OF HE CENSUS CTANDAD CENTURE AT OF DEATH	
v. 5-17-39 ≫I X32873	MAY 27 1940	FICALE OF DEATH State File No
	Registration District No	trict No. 1003 Registrar's No. AAAA
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
, Jri	(a) County	(a) State (b) County State
EC	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town
r R	Lutheran Hospital	(d) Street No. 529 E.Jefferson ave.
EN	(if not in hospital or lastitution, write street number or location) (d) Length of stay: In hospital or institution	(If rural, give location)
3:	In this community	(e) Citizen of foreign country?
PERMANENT RECORD		MEDICAL CERTIFICATION
A PI	3. (a) PRINT LENA SOMMERS	20. DATE OF DEATH: Month
E	3. (b) If veteran, NONE 3. (c) Social Security	year 1943 hour 6 minute A. M.
MAKE	name warNo	21. I hereby certify that I attended the deceased from 19.41
	4. Sex Female 5. Color or white race divorced married.	19, 19 5/11/43 19 ;
INK	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw here alive on 5/10/43 19 19 19 19 19 19 19 19 19 19 19 19 19
	George Sommers alive years	Imm@ite cause of death
). 	7. Birth date of deceased. April 26 1861 (Month) (Day) (Year)	Coronary Montos is
UNFADINĢ. BLĄCK		Sudden - Ache / hom
Š	8. AGE: Years Months Days If less than one day	Due to Similar arterioschosis
Q A	hrmin.	Due to
N.	9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)	
	10. Usual occupation At Home	Other conditions was mary materials [factude procedure polygins 5 Gront of Lands)
-USE	11. Industry or business.	Major findings: PHYSICIAN
<u></u>	Unknown Leingruber	Of operations Underline
	Germany [2] 13. Birthplace	the cause to which death
WRITE PLAINLY	14. Maiden name (City town or country) Switzprland (City town or country) (State of country)	Of autopsy should be charged statistically.
邑	15. Birthplace (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
TRT	16. (a) Informant George Sommers Long Long	(a) Accident, suicide, or homicide (specify)
A	(b) Address 529 E. Jefforson, Kirkwood, No. Burial Nay 13 43	(b) Date of occurrence.
	(Burial, cremation, or removal) (Month) (Day) (Year)	(c) Where did injury occur?
	(c) Place: burial or cremation Sunset Burial Park	
	(b) Address 13 1943 (C. Hoffmeister U. &. L. (While at work? (Specify type of place) While at work? (Specify type of place) While at work?
	(b) Addressed 1 3 1943 Q. 7. Bresick	23. Signature Malle TO The D. or other D.
<u> </u>	(Data received local registrar) (Registrar's signature)	Address 2.602 Show Of Date signed 5/11 for
	(Licensed Embalmer's St.	stement on Reverse Side)



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply) vith the above constitutes grounds for revocation of license.)

Licensed Embalmer No.

If this body is not embalmed, fact should be so stated above.